

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
 (Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY	
Rec'd By:	

DEPARTMENT District Attorney	NAME OF CONTACT Brett McAllister/Theresa Sweeney	PHONE NUMBER 529-3590/527-3053	BUDGET UNIT 20136
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TITLE OF GRANT Workers Compensation Insurance Fraud

GRANTOR AGENCY State of California, Department of Insurance

GRANT OBJECTIVES To investigate and prosecute Workers Compensation Insurance Fraud cases.

GRAND I.D. NO. _____ Federal Catalog # (if applicable): _____

GRANT PERIOD From: 07/01/24 To: 06/30/25 Applicable Code and/or Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
X		X		

GRANT FUNDING	Fiscal Year: 2024/2025	Fiscal Year:
FEDERAL	\$0	
STATE	\$247,782	
OTHER	\$0	
1. TOTAL GRANT FUNDS	\$247,782	

COUNTY FUNDING	Fiscal Year: 2024/2025	Fiscal Year:
HARD MATCH (dollars)	\$0	
SOFT MATCH (In-kind)	\$0	
2. TOTAL COUNTY MATCH	\$0	

USE OF FUNDS	Fiscal Year: 2024/2025	Fiscal Year:
PERSONNEL (attach detail)	\$226,663	
SERVICES/SUPPLIES	\$21,119	
EQUIPMENT	\$0	
OTHER CHARGES	\$0	
TOTAL FUNDS (must also = 1+2 above)	\$247,782	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: N/A

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes No

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse Advance

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: After every 6 months

EXPENDITURE DEADLINE: 6/30/2024

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes No

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes No

One investigator position would be lost if this grant application is not approved.